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CENTRAL FAX CENTER**Attorney Docket No.: 01CON346P  
Serial No.: 09/761,033

AUG 18 2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Yang Gao	Group Art Unit: 2655
Application Serial No.: 09/761,033	Examiner: Sked, Matthew J.
Filed: January 16, 2001	
Title: System for an Adaptive Excitation Pattern for Speech Coding	

**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner:

This Amendment and Response is submitted in response to the *Final* Office Action, dated June 22, 2006, in the above-referenced patent application. Please enter and consider the following amendments and remarks.



***FARJAMI & FARJAMI LLP***  
*AN INTELLECTUAL PROPERTY LAW FIRM*

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**FACSIMILE TRANSMISSION COVER SHEET**

Date: August 18, 2006

To: United States Patent and Trademark Office  
Examiner: Sked, Matthew J.; Art Unit: 2626

Fax: (571) 273-8300

Re: **Application Serial No.: 09/761,033**  
Filing Date: 1/16/2001; First-Named Inventor: Gao  
Attorney Docket No.: 01CON346P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 14

**Message:**

Enclosed please find the Amendment and Response to Final Office Action dated June 22, 2006.

Thank you.

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**AMENDMENT COVER SHEET**

IN RE APPLICATION OF: Gao, Yang

SERIAL NO.: 09/761,033 FILED: 1/16/2001

FOR: System for an Adaptive Excitation Pattern for Speech Coding

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **27	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 01CON346P

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- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

8/17/06

By:

Farshad Farjami, Reg. No. 41,014

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8/18/06

Signature

Christina Carter

Name of Person Performing Facsimile Transmission

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